

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012804

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

294

Primary Registration District No.

3036

Registrar's No.

91

STATE FILE NUMBER

FILED APR 8 1963

VS 300
Rev. 4/59

1 0887

2 06101

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4 0

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9 527.1

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11

12 5-0

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		c. CITY OR TOWN Callao	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital		d. STREET ADDRESS (If outside, give location) R.R. #1	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle F. Last MALONE		4. DATE OF DEATH Month April Day 1 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/2/1893
9. AGE (last birthday) 69		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Callao Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Franklin P. Malone		13b. MOTHER'S MAIDEN NAME Rebecca Nichols	
14. NAME OF HUSBAND OR WIFE Hilda M. Malone		Address Mrs. Hilda Malone Callao, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Hilda Malone		Address Callao, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor Pulmonale Obstructive Ephysema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Obstructive Ephysema DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from March 28 to April 1st and last saw her alive on April 1st Death occurred at April 1st 7:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John L. ...</i>		22b. ADDRESS <i>Moberly Mo</i>	
22c. DATE SIGNED <i>4/4/63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/3/1963	23c. NAME OF CEMETERY OR CREMATORY Hebron	
23d. LOCATION (City, town, or county) Cassaville Mo.			
24. FUNERAL DIRECTOR Edwards Funeral Home		25. DATE RECD. BY LOCAL REG. April 6-1963	
ADDRESS Bevier, Mo.		26. REGISTRAR'S SIGNATURE <i>W. Earl White</i>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

[Signature]

Licensed Embalmer No. 1961

P. O. Address Brewer Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit to be used for embalming by the following persons:
4/11/63 [Signature]*